



City of Santa Barbara MASTER APPLICATION

Case Numbers

MST 200 _____

BLD 200 _____

Other _____

(Staff Use Only)

Project Address: _____

Assessor's Parcel Number: _____ Land Use Zone: _____

Existing Condition/Current Use _____

☐ New ☐ Addition ☐ Remodel ☐ Repair ☐ Demo ☐ Change of Use ☐ Grading ☐ Other

☐ **Residential:** # of Bldgs. _____ # of Stories _____ # of Units _____ ☐ **Commercial:** # of Bldgs. _____ # of Stories _____ Const. Type _____

Project Description: _____

Proposed Use/Occupancy: _____ Construction Valuation \$: _____

Name

Street Address

City, State, Zip

Phone #

☐ Owner of Property: _____

☐ Applicant: _____

☐ Tenant: _____

☐ Architect/Designer: _____

☐ Contractor: _____

☐ Other (specify): _____

IMPORTANT: Please check box ☒ next to name of person listed above whom we should contact regarding this application.

Proposed Size

New Commercial Building: _____ sq. ft.

New Residential Building: _____ sq. ft.

Addition: _____ sq. ft.

Remodel/Tenant improvement: _____ sq. ft.

Carport/Patio Cover: _____ sq. ft.

New Deck: _____ sq. ft.

New Fencing: _____ sq. ft.

New Paving: _____ sq. ft.

Grading: _____ cu. yd.

Other (specify): _____

Existing Size

Lot: _____ x _____ = _____ sq. ft.

Main Building: _____ sq. ft.

Other (specify): _____ sq. ft.

I, the undersigned, understand approval of this project does not waive any requirements, laws, or ordinances of the City of Santa Barbara. All statements contained herein, including all documents and plans submitted in connection with this application, are true and accurate to the best of my knowledge.

Signature: _____ Date: _____
(Applicant)

STAFF USE ONLY

- ☐ ARCHITECTURAL BOARD OF REVIEW (ABR)
- ☐ COASTAL EXCLUSION
- ☐ ENVIRONMENTAL REVIEW
- ☐ HISTORIC LANDMARK COMMISSION REVIEW (HLC)
- ☐ GENERAL PLAN SQUARE FOOTAGE ALLOCATION (GPU)
- ☐ MODIFICATION REVIEW (MOD)
- ☐ PLANNING COMMISSION REVIEW (PC) (*CIRCLE ALL THAT APPLY:*
ANNEX, APPEAL, CDP, CUP, DPA, GPA, LLA, MOD, REZONE, TSM, VAR, OTHER _____)
- ☐ PRE-APP./DEVELOPMENT APP. REVIEW TEAM (PRT)/(DART)
- ☐ PROPERTY PROFILE (FOR COMMERCIAL PROPERTIES)
- ☐ SIGN COMMITTEE REVIEW
- ☐ ZONING LETTER (TYPICALLY FOR FINANCIAL INSTITUTIONS)

I hereby authorize the above named contact person to act as my agent in all matters pertaining to this application.

Signature: _____ Date: _____
(Property Owner)